

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:



**APPLICATION FOR BARBER SHOP
GEORGIA STATE BOARD OF BARBERS**

Post Office Box 13446

Macon, Georgia 31208

Phone (478) 207-2440

www.sos.state.ga.us/plb/barber_cosmet

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Barbers in the State of Georgia. Visit the following web site for information: <http://www.sos.state.ga.us/plb>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

\$75.00 **non-refundable** application fee payable to **Georgia State Board of Barbers** must be included with application. The payment of the fee may be made either by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS!** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.

- ☐ **APPLICATION AND FEE: \$75.00** The application must be mailed to the Board office at the address listed above, along with the correct fee. Please note; **any time a shop moves, changes address, the name or ownership a new application must be submitted to the board with the processing fee.**
- ☐ **NOTARIZED APPLICATION:** Send the *notarized* application to the Board office at the address listed above, along with the correct fee. *All questions must be answered.* If your answer to the conviction question or sanction question is "yes," further documentation will need to be submitted. Attach an explanation if you have had any criminal convictions or charges, as well as a copy of the conviction/sentencing documents from the court. If sanctioned by another state licensing board, a certified copy of the action taken must be submitted. The Board will review the application with the required documentation. **Approval of licensure is at the Board's discretion.**
- ☐ **ATTACH THE BILL OF SALE AND OR LEASE AGREEMENT.** We do not license kiosks or individual booths/work stations within a salon as an individual salon.
- ☐ **U. S. CITIZEN:** YES _____ NO _____ ***SUBMIT COPY OF REGISTRATION CARD(S)**

GEORGIA STATE BOARD OF BARBERS

TELEPHONE NUMBER: 478-207-2440

FAX NUMBER: 478-207-1442

www.sos.state.ga.us/plb/barber_cosmet

APPLICATION FOR BARBERS SHOP LICENSE

PLEASE READ THE INSTRUCTIONS AND BECOME FAMILIAR WITH THE LAWS AND RULES GOVERNING THE PRACTICE OF BARBERS IN THE STATE OF GEORGIA. VISIT THE FOLLOWING SITE FOR INFORMATION:

http://www.sos.state.ga.us/plb/barber_cosmet/

Please be aware that a Shop license is NOT the same as a city or county business license. **Please contact the city or county in which you are establishing your shop to obtain a business license.** In order to be in compliance with the law, you must have the actual license issued by the Board in order to open a shop and the registration must be displayed in a conspicuous place in the shop. ***A copy of the application and proof of payment sent will not be viewed as an acceptable substitute for a shop license. Any time a shop moves, changes the name, address or owner(s) a new application and processing fee of \$75.00 must be sent to the board.***

FYI: We do not license booths within shop or a kiosk or a mobile shop.

FYI: Apprentices in a Barber Shop: A separate application must be submitted in order to train an apprentice in a shop. Each master barber may train only one apprentice at a time and must have held a license for at least 18 months. If an apprentice changes for apprentice training the Master Trainer or the shop, then a new apprentice application and processing fee must be submitted to the board office. . **Apprentice training records must be available in the salon/shop upon inspection.** Daily/Quarterly transcript hour records must be maintained on site at a Shop. It is the responsibility of the Master Barber to ensure that accurate training records are maintained for the apprentice. Failure to submit these records in a timely manner may result in the delayed processing of a letter of verification of eligibility for examination. Apprentice transcript hour records must be sent in quarterly. Only one apprentice may be trained a shop at anytime.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF BARBERS
Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440
www.sos.state.ga.us/plb/barber_cosmet/
APPLICATION FOR CERTIFICATE AS A BARBER SHOP
Application Fee \$75.00 (non-refundable)

License Type: ____ 1st Time Shop ____ Shop Change (such changes include any time a Shop moves location, changes the name, address or owner(s). If the USPS changes the address of the shop, please notify the board of the new address.)

Is this Shop Located in a residence/home? Yes _____ No _____

Additional License Types held (currently or previously issued to the owner(s) by the Georgia Professional Licensing Boards): _____

Shop Business Name as desired on license: _____
Please attach a copy of your bill of sale lease agreement.

Federal Employee Identification Number or Social Security Number

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Shop Physical (Business Location) Address:

PO Box is not acceptable: Number and Street Apt. No City/State Zip

Mailing Address _____

(if different from business location) Number and Street Apt. No City/State Zip
 (If you are granted a license, your name, mailing address and license number becomes public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices and application processing.)

Shop Telephone Number Cell Telephone Number Evening Phone Number E-Mail Address

Was there an existing shop at this location? ____ Yes ____ No

If yes, then answer the following:

Name of shop, firm, company _____

License Number: _____

Please attach a copy of your business bill of sale lease agreement.

Please list any additional owners and information requested.

Name: _____ Address: _____
Physical Address (*P. O. Box is not acceptable.*)

Signature _____
Social Security Number _____ Mailing address _____

City / State/ Zip Code _____

_____ **I am a U.S. citizen**

_____ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States (**Please not last page of application for qualified documentation information**).

Name: _____ Address: _____
Physical Address (*P. O. Box is not acceptable.*)

Signature _____
Social Security Number _____ Mailing address _____

City / State/ Zip Code _____

_____ **I am a U.S. citizen**

_____ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States (**Please not last page of application for qualified documentation information**).

Name: _____ Address: _____
Physical Address (*P. O. Box is not acceptable.*)

Signature _____
Social Security Number _____ Mailing address _____

City / State/ Zip Code _____

_____ **I am a U.S. citizen**

_____ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States (**Please not last page of application for qualified documentation information**).

Please note if additional owner signature pages are needed copy this page and attach to the application.

APPLICANT HISTORY:

Have the owner(s) ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations.

_____ Yes _____ No This application will be returned if you do not answer this question.

Have the owner(s) ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in Georgia or any other state?

_____ Yes _____ No This application will be returned if you do not answer this question.

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. **Your application will not be processed until this information is received and reviewed the Board.**
- If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. **Your application will not be processed until this information is received and reviewed by the Board.**

_____ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, **but new convictions must be submitted.**

I, being duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application for registration are true and correct. I further state that I have read and understand the current rules and regulations of the Georgia State Board of Barbers, and that I will advise the Board Office of any changes in this registration within thirty (30) days of such change.

Applicant's Signature

Printed Name

Applicant's Signature

Printed Name

Notary Seal

Sworn to and subscribed before me this _____ day of _____, 20____.

_____ Commission Expires _____, 20____.



Notary Signature

**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF BARBERS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia State Board of Barbers** to conduct a background investigation of me to determine my suitability for **licensure and/or registration**. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

Note: If multiply owners please copy and have each owner complete this sheet and return with application.

BARBER BOARD SANITARY RULES AND REGULATIONS GOVERNING BARBER SHOPS AND SCHOOLS IN THE STATE OF GEORGIA

The rules and regulations set forth below have been adopted by the Georgia State Board of Barbers.

Recommended disinfectants approved by the Georgia Department of Human Resources.

1. All licensed barbers, barber student(s), apprentice barbers and examination holders shall use the utmost caution in waiting on or rendering service to any person having or suspected of having an infectious disease and shall have the privilege of refusing to service such person. Barbers and barber students, apprentice permit holders and examination permit holders, after having rendered service to a person having or suspected of having any infectious disease, shall have all towels, cloths, implements and utensils used in rendering such service thoroughly sterilized before reusing. Barbers, barber students, apprentice permit holders and examination permit holders shall thoroughly wash their hands with soap and water before rendering service to each person.
2. Current shop permit must be posted.
3. Sanitary regulations must be posted in a conspicuous place in general work area.
4. Shop must be separated by tight ceiling high partitions from residence.
5. All floors must be cleaned daily.
6. Furniture, equipment, tools, appliances, utensils, wall and ceilings must be kept in a clean and sanitary condition at all times.
7. Razors, scissors, tweezers, combs, brushes, rubber discs and all parts of vibrators, and all other utensils, appliances, or anything which comes in contact with the head, face, neck or hair must be thoroughly cleansed and sterilized in a manner approved by the state or local health department after final use on each customer.
8. Hot and cold running water of a source approved by the Georgia State Board of Barbers and by the State and Local health Departments shall be provided in each establishment.
9. Each barber and barber student, apprentice permit holder and examination permit holder shall keep his or her body clean and be in good health, his or her general appearance shall be neat, and his or her fingernails carefully cut and clean.
10. Sanitary receptacles for used cloths shall be provided.
11. All waste material must be deposited in a non-absorbent, washable container pending removal.
12. A towel which is used on one person shall not be used again on another patron until laundered.
13. The headrest on each chair must be provided with a clean towel or sheet of paper for each patron.
14. Sanitary neck strips of paper or a sterile towel must be placed around the neck of the patron so that the cover does not come into contact with the skin.
15. All bathrooms and toilets shall be maintained in a sanitary condition. All liquid waste shall be disposed of by connection to a municipal sewerage system or a properly designed and constructed individual sewage system.
16. Adequate sterilizing methods must be provided for each work station.
17. Compliance with rules prohibiting working while under the influence of drugs or alcohol.
18. Section 43-7-23 of the Georgia State Board of Barbers must be complied with at all times.

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation